		PENSE CLAIN	/				and Privac							/
STD 262 (REV 10/92) Stateme							nt on Reverse Side					e 1	of	1
Manal Yamout						SSAN OR EMPLOYEE NUMBER DEPART					ENT			
POSITION				CB/ID NUMBE	ER	DIVISION O	R BUREAU					INDEX NUM	3ED	
Special Advisor to the Governor						Governor's Office						INDEX NOW	JER	
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS						TELEPHONE	NUMBER	
СПУ		STATE		ZIP		State	Capitol			STATE		•		
L						Sacrai	mento			Califo	rnia		<sup>т</sup> ир 95814	
MEAL				MEALS	4	T			RANSPORTA			93014		
MONTHER LOCATION						1			CARFARE.			BUSINESS	TOTAL	
u	2/10	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENSES
DATE	TIME	WERE INCURRED	ļ	BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
6.16.10	2:54 PM	San Francisco								/ 200	0 45	8500 85 85.15		
										20.0	0 17	85.15		105.1
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	SUBTO		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00	170	85.15	0.00	
OLUMN	CODE (A	CCTG. USE ONLY)											0.00	
CLAIM TOTAL /O											500 \$105.15			
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)											NORMAL WORK HOURS			
.16.10 -	Meeting	g with Jared Blum	nenfeld, I	J.S. EPA	Region	9 Admii	nistrator i	in San F	rancisco					
		<del></del>					<del></del>				PRIVATE V	EHICLE LIC	ENSE NUM	IBER
										ŀ	MILEAGE F	RATE CLAIM	FD.	
											0.5			
											AGENO	Y ACCOU	NTING OF	FICE
HEREBY CE	RTIFY, That	the above is a true statem	ent of the tra-	vel expenses	incurred by i	me in accord	ance with DPA	A rules in the	service of It	e State of		USE O		
		rned vehicle was used and								ual to or	PAIDBY	REVOLVING FU	NO CHECK NUM	BER
		ed, and that I have met the	e requirement	s as prescribe	ed by SAM S	Sections 0750	0, 0751,0752,	0753 and 07	54	1	7.	11	100	7
erlaining to ve		and seat bell usage		D	ATE	Ţ,	IGNATURE OF	OFFICER AD	PROVINCES	AVEL AND T	0	111	de	
				100			UNE UF	OI I ICER AP	acvina IR.	AVEL AND PA	YMENT		TE       22	,
				(	0/22	110							4/22/	
NATURE OF	TITLE OF AU	THORIF , ZECIAL EX	PENSES									DA	TE / /	,
												-	7/2/	10